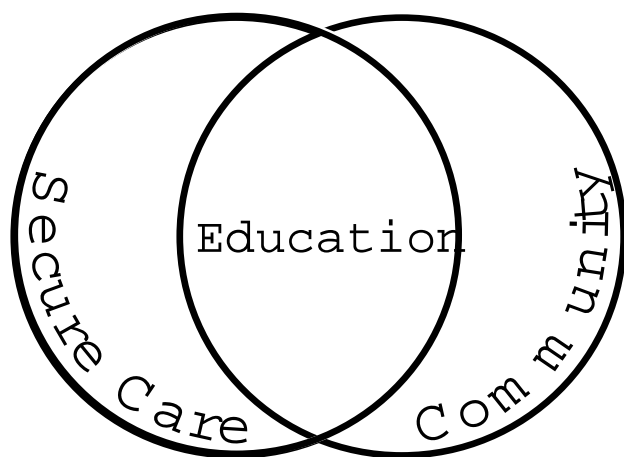


Individualized Transition Plan for Reintegration



Name
Today's Date
Location
Age
Last Grade Completed

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Who Am I?

Lesson	Date Started	Date Completed	Instructor Signature
1. What's In It for Me			
2. Worth Your Weight in Gold (Values)			
3. What's My Belief Quotient?			
4. Charge Your Batteries (Communication Style)			
5. Knowing Who You Are (Learning Styles & Interests)			
6. I Can Do That (Skills)			
7. Pathways to Success (Career Pathways)			
8. Knowledge Is Power (Occupational Outlook Handbook)			
9. Putting the Pieces Together			
10. Check Me Out! (Final Presentation)			

Certificate of Competency in Career Assessment

or

Certificate of Competency in Career Assessment (.5 High School Credit)

Date:_____

Date:_____

Who Am I? Career Profile Plans

(See Lessons 1-10 Merging Two Worlds
and Additional Assessments)

My Values (Lesson 2)	Skills and Talents (Lesson 6)
Belief Quotient (Lesson 3)	Career Pathways (Lesson 7)
Communication Style (Lesson 4)	Academic Assessment Results (See test scores)
Learning Style & Career Interests (Lesson 5)	Vocational/Transition Assessments

My Support Network

Name: _____

Probation/Parole Officer: _____
(Name) (Phone Number)

DES Caseworker: _____
(Name) (Phone Number)

Vocational Rehab Counselor: _____
(Name) (Phone Number)

Mentor: _____
(Name) (Phone Number)

Division of Developmental Disabilities Caseworker: _____
(Name) (Phone Number)

Other: _____
(Name) (Phone Number)

To obtain educational records from this facility contact:

Facility Name: _____

Facility Address: _____

Facility Telephone Number: _____

